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TO FUNERAL DIRECTOR:

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		OEKIII IOA	IL OI BEATT	•			
1. PLACE OF DEATH	ary's	MARYLAND	2. USUAL RESIDENCE (V	Where deceased lived, and	If institution: Reside. COUNTY St.	dence before or Mary s	dmission)
b. CITY OR TOWN (If outside RURAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate lin	nits, write RURAL ar	nd give nearest	town)
Leonardtown		14 days	X Rural	Mechan	icsville		
d. NAME OF HOSPITAL (If no OR INSTITUTION	St. Mary's		d. STREET ADDRESS		- 1	0	RESIDENCE ON A FARM? ES NO [
3. NAME OF	First	Middle	11	4. DATE	M- M	*	
DECEASED (Type or print)	John		Brooks	OF .	Month	16,	19 60
5. SEX 6. COU	OR OR RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (in years IF UNE birthday) Month	DER 1 YEAR IF L	UNDER 24 HRS
Male Co.	lored WIDOW	ED DIVORCED	March 6,187	3 87	yrs.	is Days He	Jurs Min.
Oa. USUAL OCCUPATION (Give during most of working life,	kind of work dane 10b. even if retired)	Farm	STRY 11. BIRTHPLACE (Slot		12.0	U.S.A.	
Farmer 3. FATHER'S NAME		ratm	14. MOTHER'S MAIDEN		1	0.011	•
Toma	- Bmo-les		Managan	et Hawkins			
15. WAS DECEASED EVER IN U. S	Brooks	SOCIAL SECURITY NO. 17. IF	NFORMANT	o C Hawkins	Address		
	war or doles of service)	SOCIAL SECONO TO.					
Canations of any, which gove rise to immedia cause (a), stoting the underlying cause lost.	DUE TO		40 10 10				
PART II. OTHER SIGN	IIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER.	MINAL DISEASE CON	IDITION GIVEN IN F	P	ERFORMED?
PART II. OTHER SIGN  PART III. OTHER SIGN  PA	RLYING DES SE OF DEATH L EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter nature of injury i	n Part I or Port II of	item 18.)		
ZOc. TIME OF INJURY Mont Hour o. m. p. m.	h, Day, Year 20d. I While at wor	Not while fa	ACE OF INJURY (Hame, fa ctary, street, office bldg., e	rm, 20f. (City or to	w n)	(County)	(Stote
saw the deceased aliv	// - 1	ded the deceased fram		M, fram the	causes and an	the date sto	
220. SIGNATURE	Bec	nhe	M.D. PHYS.	MED. STA	AFF YS.		22b. DATE SIGNED
226 PHYSICIAN'S NAME (Type)		- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18	22d. Address Mecha	nicsville	Maryland	d	
230. BURIAL, CREMATION, 236.	DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (	City, town, or count	ty)	(State)
Burial 4	/19/60	Ebenezer		New Mark	cet, 1	Marylan	d
24, FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS	25o. RE	C'D BY REGISTRAR	25b. REGISTRAR'S		
W. Clarke Mattin	glev Leonar	dtown, Marylan	d DATE	PR 2 0 '60	Cirthur .	S. Krouse	

may be ned by the hospital or oftending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled an by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremotion, or removal, and in any event, with prior to first death. OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 TO HOSP

g offer death. Page 4



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## in by the funeral director, and 2 should be filed with

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

04941

	<u></u>	2 8 0						Reg. Dist	i No.	
1. PLACE OF DEATH					JAL RESIDENCE (\	Where decease			a before adr	nission)
	Mary's		MARYLAND		Maryl	land	b. COUNT		ary s	
b. CITY OR TOWN	(If outside corporate lim	nits, write	c. LENGTH OF STAY IN 16	c. (	CITY OR TOWN (I	f autside corp	orate limits, write	RURAL ond gi	ive nearest to	own)
Park Ha			14 yrs.	X	Rural	Pe	rk Hall			
	PITAL (If not in hospital,	give street o		J d.	STREET ADDRESS	* 0			10	RESIDENCE N A FARM?
3. NAME OF DECEASED	Fi	irst	Middle		Lost	4. DATE	Mc	enth	Day	Yeor
(Type or print)	James		Homer	Corn	well	DEATH	April	4.		19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED		OF BIRTH		9. AGE (In year		YEAR IF UN	~ 9
Male	White	WIDOWE	D DIVORCED	Fe	b. 25.18	377	lost birthdoy)		Doys Hou	rs Min.
10a. USUAL OCCUPA	TION (Give kind of work	done 10b. I	KIND OF BUSINESS OR INC					12. CITIZ	EN OF WHA	TCOUNTRY
Merchs	orking life, even if retired	,	Shoe store		Canada			11	.S.A.	
13. FATHER'S NAME	2310		ontoo a coro	14. M	OTHER'S MAIDEN				*D.A.	
	Josiah Corn	wall			Elizabe	ath Soc	44			
15. WAS DECEASED E	VER IN U. S. ARMED FO		SOCIAL SECURITY NO.	INFORM/		e cui De c		dress		
(Yes, no, or unknown)	(If yes, give war or dates of		7 -18-0482							
IR CAUSE OF I	DEATH [Enter only one o			1	1	0			LINITERVAL	BETWEEN
	EATH WAS CAUSED BY:	(0	1 rCm one	at	le colon	1/100	21121			ND DEATH
150	IMMEDIATE CAUSE	0)	Cr Cmorra	70	read go	yur	yeure.		7-0	MO
101	DUE TO	0		/						
Conditions, if		b)								
couse (a), statis	ng the under- DUE TO	0								
lying couse los		c)							1	
PART II. (	OTHER SIGNIFICANT CON	NDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RE	LATED TO THE TER	MINAL DISEAS	SE CONDITION G	IVEN IN PART	1(a) 19. WA	AS AUTOPSY REORMED?
									YES	□ NO I
(IF EITHER, NOTI	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter	noture of injury i	in Port I or Po	rt II of item IB.)			
20c. TIME OF INJ	10	20d. IN While of work	Not while	PLACE OF foctory, stre	INJURY (Home, fo	arm, 20f. (Cit etc.)	y or town)	(C-	ounty)	(Stote
21   certifie	that I gittended the	decease	od from Lange	last	1960, ta	14hr	21 106	Ghat I las	t tow the	decease
alive an	Hhard	196	and that dea	. //	. 1	5.6				
dive dil	1	17	- Julia Illar dea	iiii decoi	1		the causes a street; eity or low			ATE SIGNE
ACTUAL	ment	2/1	chm	_M.D4	Fexu	flin	rach	1114	. 50	Mil
PHYSICIAN'S NAME (Type)	Ernest	D./	Cehm, M.1	2).	<i>"</i>					
	TION, 226 DATE THERE	OF	22c. NAME OF CEMETERY	OR CREMA	ATORY	22d. LOC/	TION (City, town	or county)	(5	stote)
REMOVAL (Speci	4/9/60		Soule			Se	ennitt,		New Y	ork
23. FUNERAL DIRECTO	OR'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGIS		SISTRAR'S SIG		
W Clawles	Mattinglar I	i a ovo v	dtown Maryl	and	DATE	PR 1 1 '6	0 0	uning & 7	LAMA	
- THE VIEW OF	mer resident 18 A		ALLOWING PROLLY							

TO HOSPITE, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be lined by the hospital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

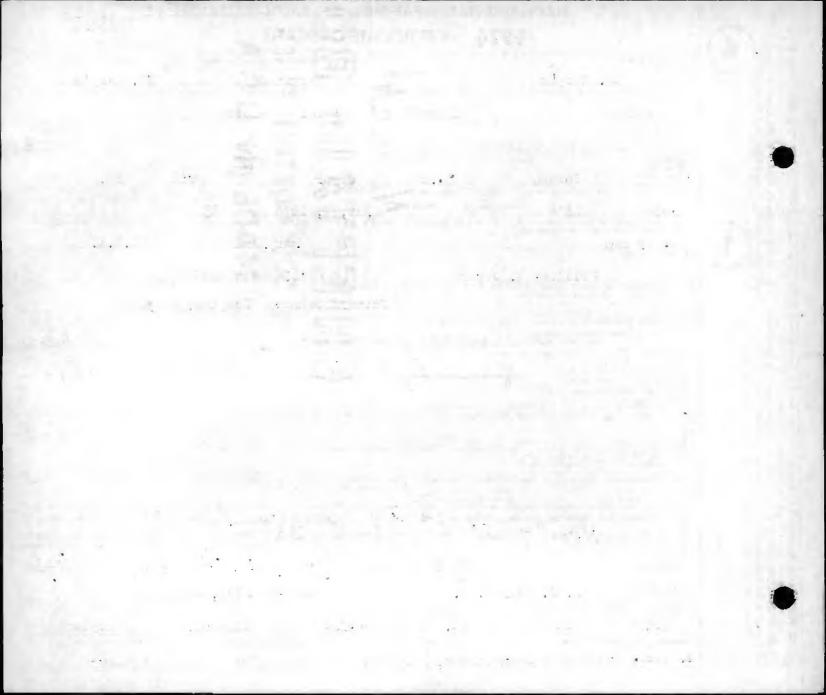
4974 CERTIFICATE OF DEATH

Reg. Dist. No.

			-				Reg. Dist. 1	10.
1. PLACE OF DEATH				2. USUAL RESIDEN	YCE (Where de	eceased lived. If institu		efore admission)
	Marys		MARYLAND	0.4	vland	b. COUN		rv¹s
<ol> <li>CITY OR TOWN (If or RURAL and give nears</li> </ol>	utside corporate limits,	write	c. LENGTH OF STAY IN 1b	11		corporate limits, write		
Scotland			1 month	X Rural	Com	pton		
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give	street o	ddress)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Joseph		Middle Tilden	Lost		ATE M	Sonth 10	Day Year
5. SEX 6		MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In year	IF UNDER 1 YE	AR IF UNDER 24 HRS
Male		VIDOWE		Nov. 7. 1	876	lost birthday	rs. Months Doy	ys Hours Min.
10o. USUAL OCCUPATION during most of working	(Give kind of work do life, even if retired)	ne 10b. I	CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLAC	E (State or for	eign country)	12. CITIZEN	OF WHAT COUNTRY
Water man					Maryla	nd	U.S.	A
3. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME			
	William T	. Or	ver	E	lizaba	th Matting	lv	
IS. WAS DECEASED EVER IN	U. S. ARMED FORCE	57 16. 9		INFORMANT		A	ddress	
(Yes, no, or unknown) (If y	es, give war or dales of servi	ice)	E	ernard Joh	nson	Compton, M.	artland	
18. CAUSE OF DEATH	[Enter only one cous	e per lin	e for (a), (b), and (c).]	1	,		10	NTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	P.	-	- 1.	1		0	NSET AND DEATH
1100	MEDIATE CAUSE (o)_		To Icary	cern	20-			10 MOTER
14201	DUE TO	(D)	The s	-		1		
Conditions, if ony,		Y	- cly	alen	20 5	Inore	1	164mo
gove rise to imm couse (o), stoting the		d	8					' /
lying couse lost.	(c)_							
PART II. OTHER		TIONS C	ONTRIBUTING TO DEATH BE	IT NOT RELATED TO TH	HE TERMINAL D	DISEASE CONDITION C	SIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS E OR CONTRIBUTING D	CAUSE OF DEATH	b. DESC	RIBE HOW INJURY OCCUR	ED. (Enter nature of in	njury in Port I	or Port II of item 18.)		
_		1001 10	Luny occupres 20-	NACE OF INNINES IN		160		
20c, TIME OF INJURY	Month, Doy, Year	While	JURY OCCURRED 20e.	PLACE OF INJURY (Horoctory, street, office bl	me, form,   20 ldg., etc.) !	t. (City or town)	(Coun	ity) (Stote
Hour a.m,	19	ot work						
21. I certify that	ottended the d	leceose	d from And	1860.	to aya	1 10196	Thot I last s	sow the deceosed
alive on	pul 7	, 19/9	O, and that deal	h occurred at	SAM, 1	rom the causes	and on the do	ate stated obove
	, ,			0	ADDR	ESS (Street, city or low	rn, stole)	DAME SIGNED
ACTUAL SIGNATURE			AMX.	un Gu	~ II	e Ils	Med	11/12/10
3,0112,012			0/1		C	The state of the s		
PHYSICIAN'S NAME (Type)	P. J. Be	an M	. Ď.	G	reat M	ills, Mary	land	
220. BURIAL, CREMATION,	226. DATE THEREOF		22c. NAME OF CEMETERY	OR CREMATORY	22d.	LOCATION (City, town	n, or county)	(Stote)
DUTIAL (Specify)	4/12/60		St. Francis	Xavier		Compton,	Ma	ryland
23. FUNERAL DIRECTOR'S S	IGNATURE		ADDRESS	12	4a. REC'D BY		GISTRAR'S SIGNA	
			Ab 161			A-Di NE	0 1	
PAULETUR NOT	LINGIBLE LA	A 50 A	and the same of the same of the	an of In	ATE .	44	0 5	

rs after death. Page 4 ely filled in by the funeral directar, Pages 1 and 2 shauld be filed with TO HOSPICAL OR ATTENDING PHYSICIAN: the town town town the attending physician and campletely filled in may be bined by the hispital or attending physician by the busician and campletely filled in page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages 1 and page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon pages 1 and page 3 shauld be detached far use as the burial-transition, and in any event within 72 haurs of particles. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ined by the haspital or attending physician

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	4960	CERTIFICA	IE OF DEATI	160 300		0 2 0 - 0
1. PLACE OF DEATH	. Mary's	MARYLAND	2. USUAL RESIDENCE		If institution: Resi	dence before admission)
b. CITY OR TOWN ( RURAL and give n	(If autside carporate limits, wri learest tawn)	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	f autside corporate lim	nits, write RURAL o	
Leonardto	wn	6 days	^ Rural	Ridge		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give str	Hospital	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO Q
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day Year
(Type or print)	Clara	L.	Cullison	DEATH Ap	ril	27. 19 6
S. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI		DER TYEAR IF UNDER 24 HI
Female			Dec. 29, 18	73 85	86 yrs. Manth	
during most of war	ON (Give kind of work done I rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIG			CITIZEN OF WHAT COUNTR
House	wife	Home			ryland	U.S.A.
3. FATHER'S NAME	Inknown		14. MOTHER'S MAIDEN		ev	
	ER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO. 17 III	NFORMANT		Address	
(Yes. no. or unknown)	(If yes, give war ar dates of service)		ngley Cullis	on Rid		and
Conditions, if a gove rise to it cause (a), stating lying cause lost.  PART II. OT	immediate   DUE TO	NS CONTRIBUTING TO DEATH BUT				PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Month, Doy, Year 20	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fo	arm, 20f. (City or tow		(County) (5to
20c. TIME OF INJUIT	w w	hile Not while fo	ctory, street, office bldg.,	etc.)	in)	(County) (5to
	at (1) (this haspital) att	ended the deceased fram. 261961, and that a	death accurred at	M, from the c	auses and an	9.6.5, that (I) (we) to the date stated above 22b.DATE SIGN
22c. PHYSICIAN'S NAME (Type)	William D. Boy	70	M.D. PHYS. 22d. ADDRESS	naedtown.		
23a. BURIAL, CREMATIC	ON, 236, DATE THEREOF	23c. NAME OF CEMETERY O			City, town, or coun	ty) (Stote)
Burial Specify	4/30/60	St. Michael	s	Ridge,		Maryland
24, FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR	25b. REGISTRAR'S	
W.Clarke M	attingley Led	maratown, Maryl	and DATE	Y 2 '60	Circling &	. Traces

the attending physician and campletely filled may the funeral director, Then please remave carbon papers. Pages 1 and 2 shauld be sided with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24.7 may be fined by the haspital or attending physicion.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

LOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

is ofter death. Page 4

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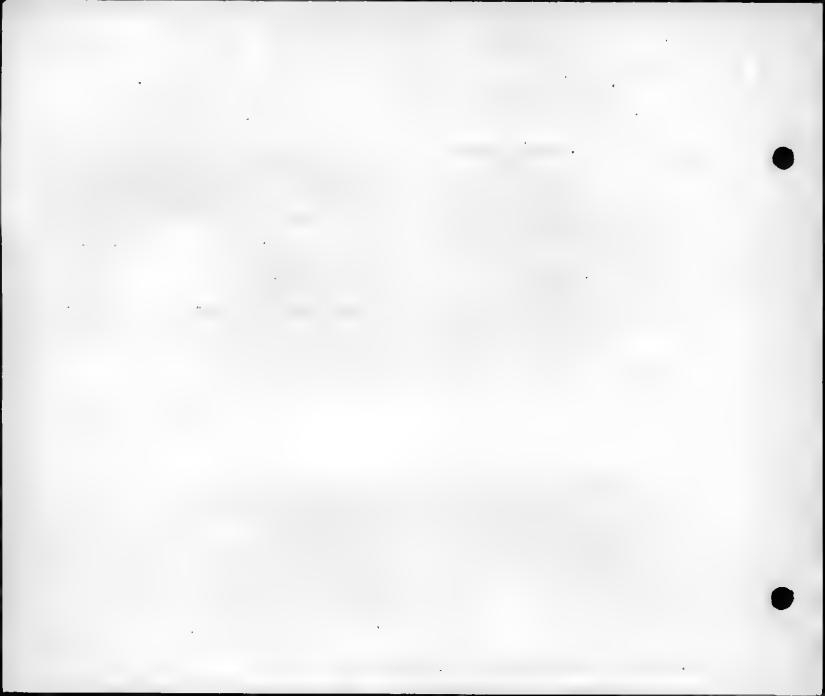
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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4	-			4	50 10	CEKIIF	ICA	IE OF DE	AIR			O I t	) A X	
Page . irector	3	1	PLACE OF DEATH	Mary's		MARY	LAND		ENCE (Wh		fived, If institute b. COUNTY		e before admission)	
£ 50 £	1)	$\vdash$		(If outside corporate limi	ils, write	c. LENGTH OF STAY	IN 1b				rote limits, write R	URAL and air	ve negrest town)	
deal uner			RURAL ond give ratuxent Ri	nearest town)		3hr 25mir			Solome	*	rore intitiz, without	/	04 X ^	
he f	1	1	d. NAME OF HOSPI	TAL (If not in hospital, g	give street			d. STREET AD	DORESS				e. IS RESIDEN	ICE
22.5	051		OR INSTITUTION	Station Ho	ospit	al, USNAS			C St	reet			YES NO	
24 Fr		3.	NAME OF DECEASED (Type or print)	Fii Barne		Middle Franklii	2	GTLIMAN	V	4. DATE OF DEATH	April	11	Day Year	60
in B		5	SEX		ex-	RIED NEVER MARRIE		8. DATE OF BIRTH			9. AGE (In years	IF UNDER 1	YEAR IF UNDER 24	HR
1 5 2 5 E			Male	Caucasian	WIDOWI	_		April 11,	. 196	0	lost birthdoy) yrs	Months C	Days Hours 2 <sup>A</sup>	/m
omp	2	10	. USUAL OCCUPATE	ON (G ve kind of work rking life, even if relired	dane 10b	KIND OF BUSINESS O					ountry)	12 CITIZ	EN OF WHAT COUN	ITRY
exec o pr	2			ifant	")			Mar	rylan	d		US	3A	
be n or arbo	*	13	FATHER'S NAME					14. MOTHER'S A				a Car	ol KNIG	HI
sicia re ci		L	Harold	Thomas GIL	IMAN			XXXXXXX	DEXIX N	GGEXIX	XIXEXIN			
phy pman	.*		WAS DECEASED EVI	ER IN U. S. ARMED FOR (If yes, give war or dates of t		SOCIAL SECURITY NO		(FORMANT		_	Add			
ing ing	5		No				H	.T.GILIM	AN, S	oTomor	ns, Mary	Land		
leaf fend fea	5		1	ATH [Enter only one co	,								INTERVAL BETWE	HTA
he of the o			PART I. DE.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	o) I	mmaturity-	Prem	aturity					3hr 25mi	n.
4年	5		1/16	DUE TO	)									
d by	Ì		Conditions, if		b]									
gne			gove rise to couse (a), stating		0									
red Jan.	5	_	lying couse lost.	- 1	c}								1	
law nysic bee	ŝ	NOIT		HER SIGNIFICANT CON	-				THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PARI	PERFORME	02_
The physical prices of the physical phy	Mr. Da	FICA		eks gestati					7.7	3 1 D	( II of .com 10 )		YES NO	
IAN: rendin ficate the br		CERTIFI	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	206, DES	CRIBE HOW INJURY O	CCOKKE	D. (tnier noture of	injury in r	rant tor ron	t it or tiem (p.)			
HYSIC ar ar is cert		MEDICAL	20c. TIME OF INJU	RY Month, Day, Ye	While	NJURY OCCURRED  Nat while t  ot work	20e. PL/ fac	ACE OF INJURY (H tary, street, affice	lame, farm bldg , etc-	20f. (City	ar town)	(Co	ounty) (Stance	Stote
or the far		2	p. m					77 /		60	In Amonda	60		
Afte Afte	2		21 I certify the	at (I) (this haspita	il) attend	ded the deceased	tram	44-44	5. 12.				_, that (I) (we)	
TEN The The Stack	1		220 SIGNATURE	sed alive an. 1:	i_ 43,44.5	4. 1900, and	that a	leath accurred	_ar	M, from	the causes or	id an the	date stated ab	
P c de de			CAL	le che		. /		M D. PHYS.	DI ME	ED RECTOR []	STAFF PHYS,	1		FHE
OR DIRI			22¢ PHYS CIAN'S	, (-(**	7-1-7			22d ADDRES		Jion	Lspital			
A Poor	ž.		NAME (Type)	D. G. AIR	DEPSO	M, LT MC US	7.T	TISNAS,	Peti	ment	.iver, E	aryaan	d	
NER 3 s		23	BUR AL. CREMATIC	ON 236. DATE THERE	OF	23c NAME OF CEM	ETERY O	R CREMATORY		23d LOCA	TION (City, town,	or county)	(State)	
H YOU BE	b E	I	REMOVAL (Specify	April 13.	1960	Methodi	st N	I.E.		Sol	omons,	Maryla	nd	
5 5		24	FUNERAL DIRECTOR			ADDRESS			25a REC'I	D BY REGIST	1	STRAR'S SIGI		
VR A15 (4)		3	station Ho	spital. USN	IAS. I	Patuxent Ri	ver	Md	DATE	4				
lions			2 13 /		**	VI.			APH	1 4 60	Cutt	wa 8. tu	and	



MARYLAND STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS 12. MSUAL RESIDENCE (Where decessed I ved, If institution, Residence before edm scon) 1. PLACE OF DEATH ed for your files. e. COUNTY e. STATE b. COUNTY St. Mary, s b. CITY OR TOWN (if outside corporate limits, MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town! St. Inipoes

d. NAME OF HOSPITAL OF INSTITUTION (if not in hospite), give street eddress) Inigoes d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? State 8 YES NO 3. NAME OF Last 4. DATE Month Year Page 5 may be read 2 with 172 to 172 DECEASED OF (Type or print) DEATH 1960 Sewell Ronard Lester Apri. 6. COLOR OR RACE 7, MARRIED NEVER MARRIED AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days August-22, 8 WIDOWED Male Colored

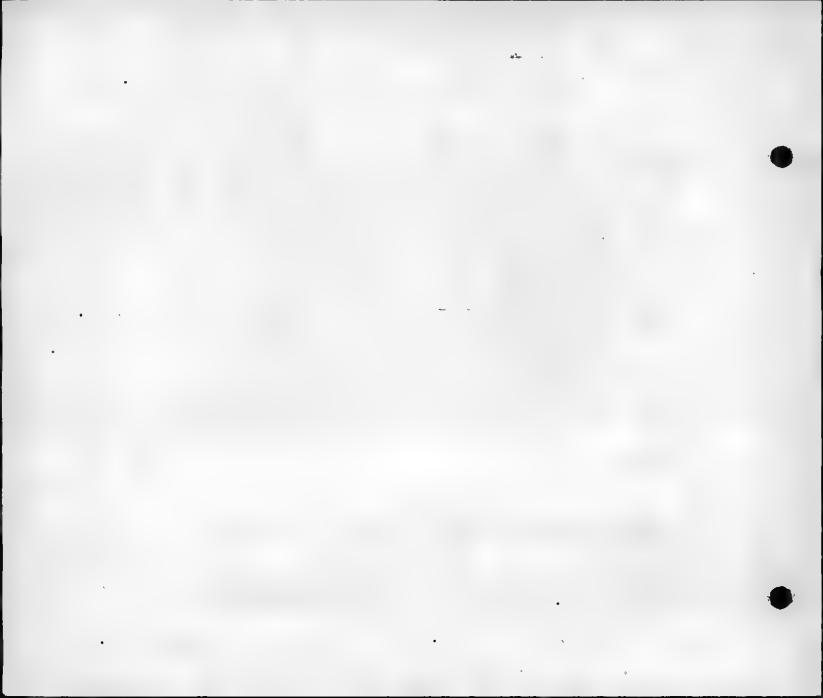
10s. USUAL OCCUPATION (Give kind of work 11. BIRTHPLA 12. CITIZEN OF WHAT COUNTRY? 106. KIND OF BUSINESS OR INDUSTRY E (State or foreign country) This certificate should be executed within 24 hours and executed within 24 hours and executed "pending" in pendil in Item 18, Give Peages 1, 2, and 18, Fage along with form PM3, Page 1, and 18, Page 1, Page done during most of working life, even if relired) Maryland

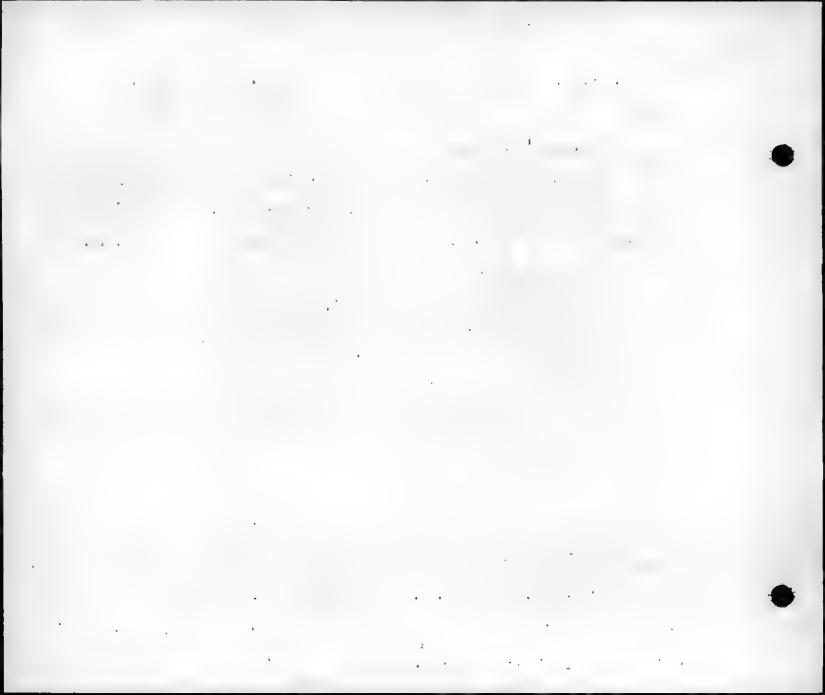
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Geraldine Brown Robert Sewell WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | [Ifyesgivewerordetesofservice] Office along with to buriel-transit permit, amoval, and in any e Geraldine Brown, St. Inigoes, Maryland 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (e) **DUE TO** removal, (b) gave rise to immediate cause **DUE TO** (e), stetling the underlying cause last. cremation, PART II. OTHER SIGN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Medical Ex should be u the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Jiam 18.) PRIMARY IT OF CONTRIBUTING CAUSE OF DEATH. age 3 cute the certificate, writing Chief 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Wirm, Month, Day, Year 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While 25 19 6 0 0 Work 1et work should be forwarded to the FUNERAL DIRECTOR: Pa prior 21. I certify that I took charge of the remains described above\_held an Autopsy Inspection | and in My opinion Accident 4 Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MED CAL EXAM NER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER (Z. EXAMINER'S NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Specify) 40 4/26/1960 1 St. Inigoes 24a. REC'D BY REGISTRAR 1946. REGISTRAR'S SIGNATURE VS. AISME arihur S. Kraus DATE MAY 2 <sup>1</sup>60 5M 7/59 W. Clarke Mattingley, Leonardtown, Maryland 2033309x V6

MARYLAND STATE DEPARTMENT OF HEALTH



1	2		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
FOR ST	ATE		497 MEDICAL EXAMINER'S CERTIFICATE OF DEATH LEGIST. No.
5 0 4	DEPT.	1.	PLACE OF DEATH St. Marys  MARYLAND  2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission)  STATE Maryland b. COUNTY St. Marys
Hes.	(I)	1	C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
sson sour your		_	Hollywood
for for	X	(	I. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  d. STREET ADDRESS  ON A FARM?
ath.		1	Residences YES NO NAME OF First Middle Lost 4. DATE Mouth Day Year
defe fer street			DECEASED OF THE PROPERTY OF TH
o the		5. 5	EX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO B DATE OF BIRTH 9. AGE TA your TIFUNDER LYEAR OF UNDER 24 HRS
may may			F C WIDOWED A DIVORCED 11/8/1890 teat birthday) Months Days Hours Min.
onthony on a 2 and		100	USUAL OCCUPAT ON (Give kind of work done 706 KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY luring most of working life, even if retired)
1. 2. d		_	nousewife domestic North Carolina USA
M. See		13.	FATHER'S NAME  14. MOTHER'S MAIDEN NAME
hour e Po e Po	1	15	Edward Scott Unknown Was Deceased Ever in U. S. Armed Forces? 16. Social Security No. 17. INFORMANT Address
7.5 G III		Yes	. rep. ar unknown] [[if yes, give wor as dotes af sarvice]
in it.	(	¥-	18 CALISE OF DEATH February one course per line for (a), (b), and (c).
ond			ONSET AND OFFICE
in I			4 10 IMMEDIATE CAUSE (6) Coronary thrombosis immed.
Office Control			Conditions, if any, which (b)
id b			gave rise to immediate cause (a), staling the underlying  DUE TO
shay grin smin ss o		.,	couse foil.
ficate pendin of Exc esed o		CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO KO
is certificated and and be	0		20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTION CONTRIBUT
VER: The year of the year to be on the bertal of the berta		WEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (State)
At bage			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry x, and in my
ote, rided i	1		opinian death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
Certific forwords DIREC			ACTUAL SIGNATURE DATE SIGNED AND CHIEF MEDICAL EXAMINER DATE SIGNED
ERAL Gesign			EXAMINER'S NAME (Type) WID. D. Boyd, MD DEPUTY MEDICAL EXAMINER TO
Short Short		220	BURIAL CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote)
5 g 4 5 g		23.	Burial 4/23/60 St. Johns Cemetery Hollywood, Md.  FUNERAL DIRECTOR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
\$M 2/57	5		P.B. Robinson - Leonardtown, Md. DAMPR 25'60 Onling S. Knaus





ADDRESS

W. Clarke Mattingley Leonardtown, Maryland

24b. REGISTRAR'S SIGNATURE

Cirthun S. Krass

240, REC'D BY REGISTRAR

DATE

A PER STANDARD STANDA

23. FUNERAL DIRECTOR'S SIGNATURE

after death. Page

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Litem 9 FilmG261 4-18-60 et CERTIFICATE OF DEATH

4978

(4954) Reg. Dist. No.

1. PLACE OF DEATH				T:	. USUAL RESIDENCE	(Where decease		n: Residence	before ad	lmission)
	Mary's		MARYLA	AND	o. STATE Mar	vland	b. COUNTY	RXXX I	COOK	ST.Mary
b. CITY OR TOWN RURAL and give Park Hall		ls, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN	(If autside carpo	rote limits, write RI			
	PITAL (If not in hospital, o	give street	1 1		d. STREET ADDRESS				0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type or print)	Fii A	lex.	Middle	Tı	Lost Irner	4. DATE OF DEATH	Mon April		Doy	Yeor 1960
S. SEX			RIED TO NEVER MARRIED		DATE OF BIRTH	A -D	9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF U	NDER 24 HRS. urs Min.
Male	Colored	WIDOW	KIND OF BUSINESS OR		V 11 RIPTHPLACE (S)	Approx	780 yrs.	12 CITIZI	IN OF WH	AT COUNTRY?
day labor	orking life, even if relired	)	KIND OF BOSINESS OX	11400311	Marylan		outiny)		S.A.	KI COOMIKIT
13. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME				
	Washington	Tur	ner		Hannah	7 ?				
IS. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INF	DRMANT		Addr	ess		
no				Mrs	Henriette	Turner	Scotlan	d. Mar	yland	
Conditions, if gove rise to couse (o), stotim lying cause lost	immediate g the <u>under-</u> J. (c		Mi	20	lenn	-				
PART II. O	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TE	ERMINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY ERFORMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED.	(Enter nature af injury	r in Port I ar Par	t II of (lem 1B.)			
20c. TIME OF INJU	10	20d. 1 While of wor	_ Not while _		E OF INJURY (Hame, ry, street, office bldg.,		or lown)	(Co	unty)	(Stote)
21. I certify alive an	that I attended the	decease 19_{	10	leath o	ccurred at p	- /	the causes an west, city or lown,	d on the	date sta	e deceased ited above. DATE SIGNED
PHYSICIAN'S NAME (Type)	Ernest Re	hm M	. D.		Lexin	ngton Pa	rk, Mary	land	/	
220. BURIAL, CREMATI		)F	St. Luke		REMATORY		land,	or county)	Md.	(State)
23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		240. 1	REC'D BY REGIS		STRAR'S SIGN	NATURE	
W.Clarke N	lattingley L	eona	rdtown. Mary	land	DATE	1pn 1 4	'60 (	Inthun 9	House	

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